

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
(to the Medically Needy)

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WE MAKE NO DIFFERENTIATION BETWEEN CATEGORICALLY  
AND MEDICALLY NEEDY. THEREFORE, ATTACHMENT 3.1-A  
REFERS TO BOTH OF THESE CATEGORIES.

Rev 1/9 # 89-7 - Date Issued 3/22/89  
Supersedes 3.1B - Date Appr. 5/17/89  
State Rep. In 2744 - Date 4/1/89

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations\*

- 2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise covered under the plan).

☒ Provided: ☐ No limitations ☒ With limitations\*

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations\*

3. Other laboratory and X-ray services.

☒ Provided: ☐ No limitations ☒ With limitations\*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations\*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

☒ Provided

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

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Supersedes 86-12  
TN No. \_\_\_\_\_

Approval Date 4-13-92

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HCFA ID: 7986E

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

5.a. Physicians' services, whether furnished in the office, the  
patient's home, a hospital, a nursing facility, or  
elsewhere.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Medical and surgical services furnished by a dentist (in  
accordance with section 1905(a)(5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations\*

**OFFICIAL**

\*Description provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

       Provided        Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

  X   Provided:   X   State Approved (Not Physician) Service Plan Allowed

  X   Services Outside the Home Also Allowed

  X   Limitations Described on Attachment

       Not provided.

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations\*

\_\_\_ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(n)(2)(F) of the Act.

\_\_\_ Provided: \_\_\_ With limitations\*

X Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

\_\_\_ Provided: X Additional coverage

- b. Services for any other medical conditions that may complicate pregnancy.

\_\_\_ Provided: X Additional coverage \_\_\_ Not provided.

21. Certified pediatric or family nurse practitioners' services.

X Provided: \_\_\_ No limitations X With limitations\*

\_\_\_ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

-- Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

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